

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	414	3-7-93
TYPIST	319	3-8-93
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final	Original
1	12/16/93
2	3/6/94
3	3/11/94
4	3/15/94
5	3/23/94
6	4/12/94
7	
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Claim	Date
Final	Original
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numbers) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

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